REMARKS

The above amendments to the above-captioned application along with the following remarks are being submitted as a full and complete response to the Office Action dated December 9, 2008 and the Advisory Action dated March 31, 2009. In view of the above amendments and the following remarks, the Examiner is respectfully requested to give due reconsideration to this application, to indicate the allowability of the claims, and to pass this case to issue.

Status of the Claims

As outlined above, claims 1-4 stand for consideration in this application, wherein claims 1-4 are being amended.

All amendments to the application are fully supported therein, including Fig. 15 and page 14, line 4 – page 15, line 24 of the specification. Applicants hereby submit that no new matter is being introduced into the application through the submission of this response.

35 U.S.C. §112, Second Paragraph Rejection

Claims 1-3 were rejected under 35 U.S.C. §112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

As set forth above, claims 1-3 are being amended so as to meet the requirements under 35 U.S.C. §112, second paragraph. Accordingly, withdrawal of this rejection is respectfully requested.

35 U.S.C. §103(a) Rejection

Claims 1-4 were rejected under 35 U.S.C. §103(a) as being allegedly unpatentable over Ballantyne (U.S. Pat. No. 5,867,821) in view of Rozen (U.S. Pat. No. 6,073,106). Applicants respectfully traverse this rejection for the reasons set forth below.

The features as recited in claims 1-4 enable efficient transmission of a patient's medical information among medical institutions while security of the patient's medical information is maintained under the patient's control. Accordingly, overlapping administration of drugs can be prevented, and invoices for medical treatment by a plurality of medical institutions can be checked efficiently without losing the security of the patient medical information against the patient's desire.

Claim 1

A method for a medical support system as recited in claim 1 comprises the step of controlling the input and output of said medical information via said medical information control device. This step includes the steps of 1) upon receiving a request from a patient terminal of a first patient among the plurality of patients to upload in said management server medical information of said first patient managed by a medical institution among said plurality of medical institutions, transmitting upload permission key data for uploading said medical information of said first patient in said management server and a content of said medical information of said first patient to be uploaded by the request to a medical institution terminal of said medical institution from the managing server; 2) transmitting said upload permission key data from said medical institution terminal to the managing server; 3) upon receiving said upload permission key data transmitted from said medical institution terminal to the managing server, authenticating validity of said upload permission key data with the managing server, transmitting from the managing server to said medical institution terminal a permission response for transmitting said medical information of said first patient to said management server, and deferring upload of said medical information of said first patient in the managing server; and 4) upon receiving said medical information of said first patient transmitted from said medical institution terminal, storing said medical information of said first patient in said medical information storage device.

In contrast, neither Ballantyne nor Rozen shows the steps 1) through 3) in the method as recited in claim 1. More specifically, the secondary reference of Rozen merely shows that in the event a participant or patient has authorized release of certain documents in the event of an emergency, those documents become available for viewing and down loading when the requester provides the participants' password, E-PIN (an emergency personal identification number). (See col. 5, line 64-65 and col. 7, lines 53-57.) Also, Rosen merely shows in the event that a participant has provided the password E-PIN, C-PIN (confidential personal identification number) to a medical care provider for the purpose of disclosing or providing a copy of the information in the emergency or confidential categories. (See col. 7, lines 57-60.)

Rozen does not show or suggest that a managing server which stores a patient's medical information transmit to a requester upload permission key data for uploading the patient's medical information in the managing server, the requester returns the upload permission key data to the managing server, and the managing server authenticates validity of the upload transmission key data transmitted from the requester and transmits from the managing server to the requester a permission response for transmitting the medical

information of the patient to said management server, and deferring upload of the medical information of the patient in the managing server.

Therefore, at the time the invention was made, one of ordinary skill in the art could not and would not achieve all the features as recited in claim 1 by modifying Ballantyne in view of Rozen. Accordingly, claim 1 is not obvious in view of all the prior art cited.

Claims 2-4

In a method as recited in claim 2, the step of controlling the input and output of said medical information includes the steps of 1) upon receiving a medical information download request for downloading and viewing medical information of a first patient among the plurality of patients from a medical institution terminal of a medical institution among the plurality of medical institutions, transmitting a content of said medical information download request to a patient terminal of said first patient from the managing server; 2) upon receiving a permission response for downloading said medical information of said first patient from said patient terminal, transmitting download permission key data which permits a medical institution terminal of said medical institution to download and view said medical information of said first patient to said medical institution terminal from the managing server; and 3) upon receiving said download permission key data transmitted from said medical institution terminal to the managing server, authenticating validity of said download permission key data with the managing server and transmitting said medical information of said first patient to said medical institution terminal from the managing server.

In a method as recited in claim 3, the step of controlling the input and output of said medical information includes the steps of 1) upon receiving a medical information reference request from a first medical institution terminal of a first medical institution among the plurality of medical institution to allow a medical institution terminal of a second medical institution among the plurality of medical institution to download and view said medical information of a first patient among the plurality of patients, transmitting a content of said medical information reference request to a patient terminal of said first patient from the managing server; 2) upon receiving a permission response from said patient terminal of said first patient to permit said medical institution terminal of said second medical institution to download and view said medical information of said first patient, transmitting download permission key data to permit said medical institution terminal of said second medical institution to download and view said medical information of said first patient to said second medical institution terminal from the managing server; and 3) upon receiving said download

permission key data transmitted from said medical institution terminal of said second medical institution to the managing server, authenticating validity of said download permission key data with the managing server and transmitting said medical information to said medical institution terminal of said second medical institution from the managing server.

A method as recited in claim 4 comprises the steps of 1) a reference request step for, upon receiving a medical information reference request from said first medical institution terminal to allow a medical institution terminal of said second medical institution, to which said patient is introduced, to download and view said medical information of said patient, with said medical information control device, transmitting a content of said medical information reference request to said patient terminal of said patient from the managing server; 2) a reference permission step for, upon receiving a permission response from said patient terminal to permit said medical institution terminal of said second medical institution to download and view said medical information, with said medical information control device, transmitting download permission key data to permit said medical institution terminal of said second medical institution to download and view said medical information to said second medical institution terminal from the managing server; and 3) a reference execution step for, upon receiving said download permission key data transmitted from said medical institution terminal of said second medical institution to the managing server, with said medical information control device, authenticating validity of said download permission key data with the managing server and transmitting said medical information to said medical institution terminal of said second medical institution from the managing server.

In contrast, neither Ballantyne nor Rozen shows the steps 1) through 3) in the methods as recited in claims 2-4. More specifically, Rozen does not show or suggest that a managing server which stores a patient's medical information transmit to a requester download permission key data for downloading the patient's medical information in the managing server, the requester returns the download permission key data to the managing server, and the managing server authenticates validity of the download transmission key data transmitted from the requester and transmits from the managing server to the requester a permission response for transmitting the medical information of the patient to said management server.

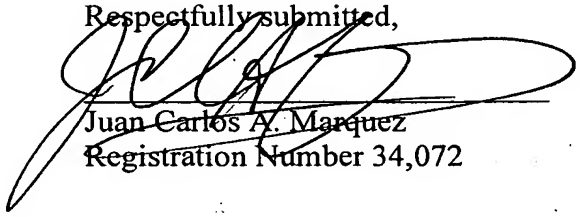
Therefore, at the time the invention was made, one of ordinary skill in the art could not and would not achieve all the features as recited in claims 2-4 by modifying Ballantyne in view of Rozen. Accordingly, claims 2-4 is not obvious in view of all the prior art cited.

Conclusion

In light of the above-outlined Amendments and Remarks, Applicants respectfully request early and favorable action with regard to the present application, and a Notice of Allowance for all pending claims is earnestly solicited.

Favorable reconsideration of this application as amended is respectfully solicited. Should there be any outstanding issues requiring discussion that would further the prosecution and allowance of the above-captioned application, the Examiner is invited to contact the Applicants' undersigned representative at the address and phone number indicated below.

Respectfully submitted,



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